

PATENT
Docket No. PD-200286
CUSTOMER NO.: 020991

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Douglas M. Dillon, et al.
Serial No.: 09/788,252
Filed: January 19, 2001
For: PERSONAL VIDEO ON-DEMAND SYSTEM AND METHOD

Date: April 20, 2005
Group Art Unit: 2816
Examiner: Usha Raman

TRANSMITTAL LETTER FOR AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

☒ Applicant petitions for an extension of time for ONE month to respond to the Office Action dated January 13, 2005. If an additional extension of time is required, please consider this a petition therefor.

Fee \$ 120.00

☐ An extension for _____ month(s) has already been secured; the fee paid therefor of _____
is deducted from the total fee due for the total months of extension now requested. \$ _____
Extension fee due with this request \$ 120.00

☐ Applicant believes that no extension of time is required to respond to the Office Action dated _____. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

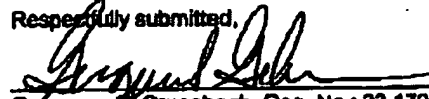
☒ No additional fee for claims is required.

☒ Claims have been calculated as shown below:

		CLAIMS AS AMENDED				ADDITIONAL	
CLAIMS REMAINING	HIGHEST NUMBER	PRESENT			RATE	FEE	
AFTER AMENDMENT	PREVIOUSLY PAID FOR	EXTRA					
TOTAL CLAIMS	118 minus	120*	=	0	x	\$ 50.00	\$ -0-
INDEPENDENT CLAIMS	4 minus	4**	=	0	x	\$ 200.00	\$ -0-
MULTIPLE DEPENDENT CLAIMS				0	+	\$ 360.00	\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							\$ <u>-0-</u>

Charge \$120.00 to Deposit Account No. 50-0383 of The DIRECTV Group, Inc. (formerly Hughes Electronics Corporation), El Segundo, California. Please charge any additional fees for claims or credit overpayment to Deposit Account No. 50-0383. If any additional extension fee is required, please charge to Deposit Account No. 50-0383. This form is submitted in duplicate.

Respectfully submitted,


Georgann S. Grunebach, Reg. No.: 33,179
Attorney for Applicant

Certification of Facsimile Transmission UNDER 37 CFR 1.8

I hereby certify that the correspondence identified above is being facsimile transmitted to (703) 872-8306 (Centralized Facsimile Number), addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 20, 2005.

The DIRECTV Group, Inc.
Patent Docket Administration
Bldg. R11, M/S A109
PO Box 956
El Segundo, CA 90245-0956
Telephone: 310/984-4615
Date: April 20, 2005


Georgann S. Grunebach, Reg. No.: 33,179
Applicant, Assignee or Registered Representative

April 20, 2005
Date

* If less than 20, insert 20
** If less than 3, insert 3

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/766252

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	120	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	120 minus 20 =	100
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	116	Minus	120
	Independent	4	Minus	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	116	Minus	120
	Independent	4	Minus	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	
	Independent		Minus	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	1300.00
X80=	80.00
+270=	
TOTAL	2590.00

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY